

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

2003 APR 30 PM 4:07

|  |   |   |  |  |             |  |
|--|---|---|--|--|-------------|--|
| The C/OH INSTRUCTION GUIDE explains how to complete this form.   |   | 1 ACCOUNT #<br>(Ethics Commission filers) |  | 2 Total pages filed:                   |             |  |
| 3 CANDIDATE / OFFICEHOLDER NAME  | TITLE FIRST MI<br>FLORIA M FOX  |   |  | OFFICE USE ONLY                        |             |  |
|  | NICKNAME LAST SUFFIX<br>FOX   |   |  |  |             |  |
| 4 CANDIDATE / OFFICEHOLDER ADDRESS<br><br><input type="checkbox"/> Change of Address                           | ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE<br>2019 Lamer San Antonio 78202  |   |  | Date Received                          |             |  |
|  |   |   |  | Date Hand-delivered or Date Postmarked |             |  |
| 5 CAMPAIGN TREASURER NAME  | TITLE FIRST MI<br>SAME  |   |  | Receipt # Amount                       |             |  |
|  | NICKNAME LAST SUFFIX  |   |  | Date Processed                         |             |  |
|  |   |   |  |  | Date Imaged |  |
| 6 CAMPAIGN TREASURER ADDRESS<br>(Residence or business)  | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE<br>Same   |   |  |  |             |  |
| 7 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>(210) 223-2661  |   |  |  |             |  |
| 8 REPORT TYPE  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) |   |  |  |             |  |
| 9 PERIOD COVERED   | Month Day Year    THROUGH    Month Day Year<br>03/25/03    04/23/03   |   |  |  |             |  |
| 10 ELECTION  | ELECTION DATE<br>Month Day Year<br>05/03/03   |   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special |  |             |  |
| 11 OFFICE  | OFFICE HELD (if any)  |   | 12 OFFICE SOUGHT (if known)  |  |             |  |
| 13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS<br><br><input type="checkbox"/> additional pages | ** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **   |   |  |  |             |  |
|  | Name  |   |  |  |             |  |
|  | Address / PO Box: Apt. / Suite #: City: State: Zip Code   |   |  |  |             |  |

GO TO PAGE 2



# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

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|                     |  |
|---------------------|--|
| <b>14 C/OH NAME</b> | <b>15 ACCOUNT #</b> (Ethics Commission filers) |
|---------------------|--|

|  |  |   |
|--|--|---|
| <b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b> | <p>.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..</p> |   |
|  | <b>COMMITTEE TYPE</b>  | <b>COMMITTEE NAME</b>                       |
|  | <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC  | <b>COMMITTEE ADDRESS</b>                    |
|  |  | <b>COMMITTEE CAMPAIGN TREASURER NAME</b>    |
|  |  | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> |

☐ additional pages

|                                  |   |
|----------------------------------|---|
| <b>17 NO REPORTABLE ACTIVITY</b> | <input checked="" type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.) |
|----------------------------------|---|

|                                |   |      |
|--------------------------------|---|------|
| <b>18 CONTRIBUTION TOTALS</b>  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0 |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 0 |
|                                | 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED  | \$ 0 |
|                                | 4. TOTAL POLITICAL EXPENDITURES   | \$ 0 |
| <b>EXPENDITURE TOTALS</b>      |   |      |
| <b>OUTSTANDING LOAN TOTALS</b> | 5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 0 |

**19 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Floria Fox*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP HERE

Sworn to and subscribed before me, by the said *Floria Fox*, this the *30th* day of *April*, 20 *03*, to certify which, witness my hand and seal of office.

*Melinda S. Lopez*      *Melinda S. Lopez*      *Notary*  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath